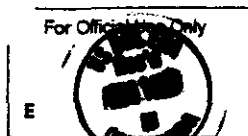# FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

US DOL ESA Rec'd AUG 1 1 2005 D OLMS DRDA

1. File Number U - 6015	2. Fiscal Year Covered From: 1/01/2004 Through: 12/31/2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Dale D. Peterson	Name Electrical Workers IBEW AFL-CIO
	Labor Organization File Number 036-765
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2524 Fern Leaf Lane	Street 1875 Arnold Drive
City Martinez	City Martinez
State CA ZIP Code + 4 94553-4239	State California ZIP Code + 4 94553-4239

5. Position in labor organization.
Assistant Business Manager

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed _Dale D. Peterson_   On _August 8, 2005_   _925/370-6601_
Date   Telephone Number

eld an interest in or derived income or economic benefit with monetary value from a business (1) a
bstantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business
an employer whose employees your labor organization represents or is actively seeking to represent, or
(2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise
dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	☐ a. Labor Organization
Trade Name, if any:	☐ b. Trust
P.O. Box, Bldg., Room No., if any	☐ c. Employer
Street	
City	
State ZIP Code + 4	

10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Adams Broadwell Joseph & Cardoza A Professional Corporation Attorneys At Law	Gift of Smoke Salmon
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 601 Gateway Boulevard, Suite 1000	
City South San Francisco	
State CA ZIP Code + 4 94080-7037	

13.b. Is the Business an Employer ☐ or Consultant ☒ ? Attorney	14.b. Amount of payment. Value $49.00

Form LM-30 (2003)